

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074638

1. Entity Name

WORLD MORTGAGE BANKERS, INC.

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90237 003 \*\*\*150.00

Principal Place of Business

104 CRANDON BLVD  
#308  
KEY BISCAVNE FL 33149  
US

Mailing Address

104 CRANDON BLVD  
#308  
KEY BISCAVNE FL 33149  
US

2. Principal Place of Business

104 Crandon Blvd.

3. Mailing Address

104 Crandon Blvd.

Suite, Apt. #, etc.

# 324

Suite, Apt. #, etc.

# 324

City & State

Key Biscayne - FL

City & State

Key Biscayne - FL

Zip

33149

Country

U.S.A.

Zip

33149

Country

U.S.A.

4. FEI Number

65-0086593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SAKS, KEITH W  
1450 MADRUGA AVE, #305  
MIAMI FL 33146

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD  
NAME ECHEVERRIA, GUSTAVO  
STREET ADDRESS 1111 CRANDON BLVD., #A-905  
CITY-ST-ZIP KEY BISCAVNE FL 33149

☐ Delete

12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0186753